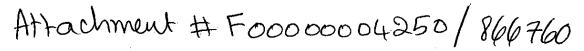
## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # F00000004250 1. Entity Name NATIONAL INSTITUTE FOR INNOVATIVE LEADERSHIP IN 05-28-2002 90714 039 \*\*\*\*61.25 EARLY EDUCATION AND CARE, INC. Principal Place of Business Mailing Address 1310 LEWISVILLE-CLEMMONS ROAD 1310 LEWISVILLE-CLEMMONS ROAD LEWISVILLE NC 27023 LEWISVILLE NC 27023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 56-2036688 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be ÆFILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE Change ☐ Addition Please See Alfachel LIKEN, LINDA NAME NAME STREET ADDRESS 200 PINE ROAD STREET ADDRESS CITY-ST-ZIP LOUISVILLE KY 40207 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition Carter, eva NAME NAME STREET ADDRESS 206 ROSEWALK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORMAN OK 73701 Delete TITLE .... Change ☐ Addition Caldwell, Dean A NAME NAME STREET ADDRESS 1310 LEWISVILLE-CLEMMONS ROAD STREET ADDRESS CITY-ST-ZIP LEWISVILLE NC 27023 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition WHITTEN, G T NAME 1710 MELROSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MURRAY KY 1=420-71 CITY-ST-ZIP Delete TITLE TITLE Change Addition ROSSWURM, JACKIE NAME NAME 98 GOVERNOR'S ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HILTON HEAD SC 29928 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition VINCI, YASMINA NAME NAME 5017 B. STREET N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20007 CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

Daytime Phone #



## National Institute for Innovative Leadership

3619 North East 207<sup>th</sup> Street Suite 2315 Aventura, Florida 33180

Telephone: 305.931.4302

Fax:305.935.4125

Email: muwong@aol.com

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